# Winter Planning Toolkit modules

# *Module 1: Vaccination*

# Vaccinations in general practice

## Vaccinations in general practice

The vaccination of healthcare workers supports their duty of care to patients, builds vaccine confidence in the community, provides a protected workforce in the event of an outbreak of a vaccine preventable infection and contributes to workforce health and safety. The RACGP considers vaccination of patients, especially vulnerable cohorts, a critical activity for general practice to undertake in caring for their community.

While the vaccination of healthcare workers is not mandatory for general practice in all jurisdictions, the RACGP strongly encourages all GPs and members of the practice team to be vaccinated against COVID-19 and influenza, and to be considered up to date with these vaccinations.

Should an outbreak of a vaccine preventable disease occur, unvaccinated staff will either be required to adopt further precautions (eg personal protective equipment (PPE)), and/or be reassigned duties or may be asked to remain away from the practice. Requirements of unprotected staff will vary depending on a range of factors that are specific to each individual practice.

The RACGP's *Standards for general practices  (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/table-of-contents)* (5th edition) (the Standards) includes staff vaccination (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-3/criterion-c3-5-work-health-and-safety)  recommendations and requirements. Chapter 6 of the RACGP Infection prevention and control guidelines (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/6-staff-screening-immunisation-and-infection-manag/overview) provides further clarification on staff screening and immunisation. In the Australian Immunisation Handbook (https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk) , healthcare workers are identified as a group at increased risk of certain occupationally acquired vaccine-preventable diseases. This is for their own protection and the protection of patients. Please check the requirements in your area.

## Planning for the vaccination of patients – stock ordering and cold chain storage

The success of any vaccination program relies on the potency of vaccines when they are administered to patients. As vaccines are unstable, they can become less effective or destroyed if they are not maintained within an optimal temperature range or are exposed to direct ultraviolet (UV) light. This applies to both vaccine transport and storage.

General practices must therefore maintain the potency of vaccines to ensure they are effective in improving immunity against disease. For further information on vaccine storage management, refer to the National Vaccine Storage Guidelines 'Strive for 5' (https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5) . The Standards has requirements (https://www.racg

p.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-6/criterion-gp6-1-maintaining-vaccine-potency) for accredited practices regarding the storage and monitoring of vaccinations.

> 💡 **CPD tip**
>
> The RACGP has two CPD modules that address vaccine clinical guidance for GPS (noting they are only accessible for members of the RACGP CPD home):
>
> - Childhood vaccination (M1IMV) (https://mycpd.racgp.org.au/activity/502648)
> - Adult vaccination (M2IMV) (https://mycpd.racgp.org.au/activity/502653)

## Patient Vaccination – Influenza (Flu)

The 2023 flu vaccines are now available and recommended for everyone aged 6 months and older.

The flu vaccines are funded under the National Immunisation Program (https://www.health.gov.au/initiatives-and-programs/national-immunisation-program) for:

- adults 65 years and older
- children under five (older than 6 months)
- pregnant women
- Aboriginal and Torres Strait Islander people
- people aged six months and older with medical conditions putting them at increased risk of severe influenza and its complications:
  - cardiac disease
  - chronic respiratory conditions
  - chronic neurological conditions
  - immunocompromising conditions
  - diabetes and other metabolic disorders
  - renal disease
  - haematological disorders
  - children aged six months to 10 years on long term aspirin therapy.

For more information, visit ATAGI's advice on seasonal influenza vaccines in 2023 (https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2023?language=en) .

 The RACGP has collated *Flu season 2023 resources (https://www.racgp.org.au/clinical-resources/flu-season-2023-resources)* which includes posters, factsheets and digital assets from a range of sources including the RACGP, state and federal  governments.

## State and Territory vaccination programs

Some States and Territories have additional inclusion criteria for high-risk groups. Please check the inclusion criteria in your State or Territory vaccination program:

- [Australian Capital Territory (https://health.act.gov.au/flu)](https://health.act.gov.au/flu)
- [Northern Territory (https://nt.gov.au/wellbeing/healthy-living/immunisation/flu-vaccination)](https://nt.gov.au/wellbeing/healthy-living/immunisation/flu-vaccination)
- [New South Wales (https://www.health.nsw.gov.au/immunisation/Pages/flu.aspx)](https://www.health.nsw.gov.au/immunisation/Pages/flu.aspx)
- [Queensland (https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/influenza)
- [South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/immunisation/immunisation+programs/influenza+immunisation+program)](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/immunisation/immunisation+programs/influenza+immunisation+program)
- [Tasmania (https://www.health.tas.gov.au/health-topics/flu-influenza/flu-vaccinations)](https://www.health.tas.gov.au/health-topics/flu-influenza/flu-vaccinations)
- [Victoria (https://www.health.vic.gov.au/immunisation/seasonal-influenza-vaccine)](https://www.health.vic.gov.au/immunisation/seasonal-influenza-vaccine)
- [Western Australia (https://ww2.health.wa.gov.au/Articles/F_I/Influenza-immunisation-program)](https://ww2.health.wa.gov.au/Articles/F_I/Influenza-immunisation-program)

# Patient vaccination – COVID-19

## Patient vaccination – COVID-19

COVID-19 vaccines are recommended (https://www.health.gov.au/our-work/covid-19-vaccines/who-can-get-vaccinated) for everyone aged five years and older, as well as children aged from six months to under five years in at risk population groups (https://www.health.gov.au/news/atagi-recommendations-on-covid-19-vaccine-use-in-children-aged-6-months-to) . The Australian Technical Advisory Group on Immunisation (ATAGI) provides advice on recommended COVID-19 vaccine doses (https://www.health.gov.au/resources/publications/atagi-recommended-covid-19-vaccine-doses) .

The RACGP website contains a COVID-19 information hub (https://www.racgp.org.au/clinical-resources/covid-19-resources/news) for GPs and practice staff which is regularly updated with latest clinical guidance, practice information, MBS item number updates, links to patient resources, information on supporting specific communities, vaccine exemptions and more.

The Healthdirect Service Finder (https://www.healthdirect.gov.au/australian-health-services?gclid=EAIaIQobChMIsIix2Jbs_gIVdpJmAh2xjw_IEAAYASAAEgKbcfD_BwE) allows patients to find local COVID-19 vaccine service providers.

Each state and territory provide local guidance and assistance on booking your COVID-19 vaccine or booster.

Australian Capital Territory (https://www.covid19.act.gov.au/vaccine/book-a-vaccination-appointment) New South Wales (https://www.nsw.gov.au/covid-19/vaccination) Northern Territory (https://health.nt.gov.au/covid-19/vaccine) Queensland (https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/covid-19-vaccine) South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/vaccine/keep+ahead+of+covid) Tasmania (https://www.health.tas.gov.au/health-topics/coronavirus-covid-19/staying-well/covid-19-vaccination) Victoria (https://www.coronavirus.vic.gov.au/get-vaccinated)  Western Australia (https://www.healthywa.wa.gov.au/COVID19vaccine)

## Co-administration with COVID-19 vaccines

All COVID-19 vaccines can be co-administered (given on the same day) with a flu vaccine. COVID-19 vaccines can also be co-administered with other vaccines if required. Combination COVID-19 and influenza vaccines currently are not available in Australia.

Although you are under no obligation to bulk bill patients receiving a flu vaccination, patients who receive a COVID-19 vaccination in the same appointment must be bulk billed for the MBS COVID-19 vaccine suitability assessment component.

If another attendance is provided on the same day as the vaccine suitability assessment service that is separate and/or unrelated to the vaccine service, the patient's invoice/account or Medicare claim should be annotated ('additional service [MBS item] is clinically relevant but not related to the vaccine suitability assessment service [MBS item]') to help with the assessment of the claim.

Patients presenting for their COVID-19 booster or seasonal flu vaccination provides an opportunity to check whether the patient may be eligible or overdue for other vaccines.

RACGP's _COVID-19 vaccine information for GPs_ (https://www.racgp.org.au/clinical-resources/covid-19-vaccine-resources/news-and-updates/covid-19-vaccine-information-for-gps) provides up to date information on COVID-19 clinical guidance, MBS item code information, patient resources and more.

For more information on the MBS COVID-19 vaccine suitability assessment items, visit MBS Online (http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home) .

## Addressing vaccine hesitancy in general practice

Widespread community vaccination of against COVID-19 remains central to Australia's public health strategy, particularly in the context of higher rates of cases and deaths among the unvaccinated population when compared to vaccinated or partially vaccinated populations[1].

Providing continuity of care to unvaccinated patients may facilitate ongoing opportunities to discuss the importance of vaccination with these patients. Many patients who are hesitant may decide to have the vaccine following a discussion with their GP or the practice nurse who are a trusted source of information.

Desborough et al[1] have compiled a table of strategies (https://www1.racgp.org.au/ajgp/2022/september/strategies-effective-in-optimising-covid19-vaccine) practice teams and community leaders may use to help improve vaccine uptake in their patient population.

**Table 1. Strategies to optimise COVID-19 vaccine uptake across the health system**

| Strategy | Public health | Primary care | Community settings (residential care, home care) | Acute care (eg emergency departments) |
|---|---|---|---|---|
| Collaboration and trust | Co-leadership with local community leaders Development of trust and trustworthiness Multilingual materials and those accessible for people with disabilities | Using existing trusting relationships between patient and primary care providers | Relationships with local community leaders, facilitating solutions that meet local preferences and needs | Co-leadership with local community leaders Development of trust and trustworthiness Multilingual materials and those accessible for people with disabilities |
| Communication and information | Emphasis on importance and benefits of vaccination using a broad range of voices Information about where to be vaccinated | Information delivered by trusted/known health care provider Locally relevant information and resources provided | People see themselves represented in locally relevant information and resources | Emphasis on importance and benefits of vaccination using a broad range of voices Information about where to be vaccinated |
| Countering misinformation | Collaborative development of appropriate information from trusted messengers and available in multiple languages | Conversations with trusted/ known health care providers | Conversations with trusted/ known health care providers | Conversations with healthcare providers, and in multiple languages |
| Supporting people to shift from uncertain to vaccinated | Messaging that addresses people's concerns Choice of vaccine brand | Using multiple contacts to inform thinking | Conversations with trusted/ known health care providers | Contextually relevant information provided opportunistically |

**Table 1. Strategies to optimise COVID-19 vaccine uptake across the health system**

| Strategy | Public health | Primary care | Community settings (residential care, home care) | Acute care (eg emergency departments) |
|---|---|---|---|---|
| Access – make it easy to get vaccinated | Mass vaccination centres/home-based care, walk-in clinics, mobile vaccination teams, pop-up clinics | Vaccines available where usual care is accessed – planned and opportunistic | Offering planned and opportunistic vaccines (eg during home visits) | Opportunistic vaccines (eg in emergency departments and outpatient clinics) |
| Mandates and incentives | Public health initiatives have supported workplaces to increase vaccine uptake | Most general practices require staff to be vaccinated | Many healthcare settings in the community require staff to be vaccinated | Many acute care settings require staff to be vaccinated |

Reproduced from: Desborough J, Wright M, Parkinson A et al. What strategies have been effective in optimising COVID-19 vaccine uptake in Australia and internationally? Aust J Gen Pract 2022;51(9):725–730, with permission from RACGP.

## Considering mandatory patient COVID-19 vaccination

If your practice decides that patients are required to be vaccinated against COVID-19 to attend face-to-face consultations, that decision should be made in the context of your individual practice. Considerations include (but are not limited to):

- the health and vaccination status of clinicians (and self)
- the needs of the local population
- alternate points to access primary health care in the area
- stocks of PPE
- whether the patient is presenting with or without respiratory symptoms
- continuity of care needs for the patient
- the current outbreak setting in your location
- your practice's capability to provide telehealth as an alternative.

In the absence of Public Health Orders mandating COVID-19 vaccination of patients before attending a health service, the RACGP urges GPs and practices to carefully consider practice concerns as well as patient needs. While determining vaccination policies for your practice, consider whether there are

alternative ways of continuing to provide care to your patients. This may include improved infection prevention and control processes, adequate ventilation with an aim of 6 – 8 fresh air changes per hour, and the use of telehealth consultations.

If you or your practice implement a requirement for vaccination as a mandatory pre-requisite for care, you must be mindful that you are subject to regulatory requirements, such as the Medical Board's C (http://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx) ode Of Conduct (https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx) , and may be inadvertently unlawfully discriminating against some patients. This may make you subject to compliance investigations, professional conduct complaints or complaints to the Human Rights Commission or equivalent state bodies. This is particularly relevant where a person cannot be vaccinated because of a medical condition, their age (i.e., children under 5 are currently not eligible), or their religious beliefs.

As per the guidance from Australian Health Practitioner Regulation Agency (AHPRA) and the National Medical Board's Facilitating access to care in a COVID-19 environment (https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx) , all health practitioners are expected to facilitate access to care, regardless of someone's vaccination status.

This is an emerging field in law and in the first instance the RACGP recommends that if you or your practice are wishing to pursue a mandatory vaccination policy, that you have a conversation with your medical defence organisation to discuss your practice's particular circumstances.

# Reference

1.   Desborough J, Wright M, Parkinson A et al. What strategies have been effective in optimising COVID-19 vaccine uptake in Australia and internationally? Aust J Gen Pract 2022;51(9):725–730

# Vaccination clinic set-up

## Vaccination clinic set-up

The information below outlines possible approaches practices can take regarding the administration of flu and COVID-19 vaccines. The RACGP continues to advocate that patients receive flu and COVID-19 vaccinations from their regular GP to reduce fragmented care.

Those who are vulnerable must not be invited into unprepared clinics to receive their flu or COVID-19 vaccine. Those who are at higher risk of hosting the virus must be kept separate from those who are vulnerable. This might be done in several ways:

### Dedicating clinic time and space to vaccinations

Practices may consider dedicating specific sessions or days to exclusively administering vaccines. They may choose to close access to general clinic patients for a day/half day/few hours to achieve this, or they may find that separating their practice into two sections (one to be used as a general practice, the other as a vaccination clinic) is more achievable.

Some practices have utilised local car parks as outdoor vaccination locations. The same could be done in conveniently located gardens or around the perimeters of your practice, depending on space available. Practices may also want to consider combining forces with other primary care providers by establishing shared vaccination clinics within community settings. However, before doing so, make sure to discuss any permit approval requirements with your local government.

It is important to note that clinics will need to provide patients with a safe space to be observed after their vaccination and must be able to supervise this area at all times. Depending on the practice, this could mean patients waiting outside (e.g. on a veranda), or in a dedicated consulting room if space permits. Separate entrances to the divided sections of the practice should be considered. For example, practices may have a room with an external door that can be used by a certain cohort to avoid crossover of patient groups.

Considerations include:

- the clinic must be laid out in a manner that aligns with [infection control principles (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/12-planning-a-practice-design-fit-out-equipment-an/overview)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/12-planning-a-practice-design-fit-out-equipment-an/overview)
- ensure that all patients, including those with a disability or impairment, can easily and safely physically access the practice
- the clinic may need to operate extended hours to meet demand and communicate the newly implemented processes to the community
- adequate waiting space options must be available for post-vaccination observation and there must be processes in place to facilitate this observation
- dedicated vaccine clinics should not interfere with or impact the quality of care being provided to those patients attending your practice for standard appointments

- the location of clinics should be determined in collaboration with local councils and Primary Health Networks (https://www.health.gov.au/initiatives-and-programs/phn/your-local-phn/find-your-local-phn)
- off-site clinics should not pose a health or business risk to any surrounding facilities
- clinics must be adequately stocked with PPE (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/overview) and supplies such as sharps containers (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/7-sharps/overview) , waste containers and cleaning supplies (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/9-cleaning-laundry-and-waste-management/overview)
- all staff (including clinical and administration staff) must receive training in patient triage, testing protocols and infection control procedures
- all clinics must have a protocol for managing anaphylaxis which includes having adrenaline, needles and intramuscular syringes available for immediate use
- adequate parking options must be available

The Australian Immunisation Handbook contains information on what to do *After Vaccination* (https://immunisationhandbook.health.gov.au/vaccination-procedures/after-vaccination) .

# Staff vaccination

## Staff vaccination

The Australian immunisation handbook (https://immunisationhandbook.health.gov.au/) identifies recommended vaccinations for healthcare workers.

Practices should offer and encourage all staff members to have:

- testing of protective immunity, whether natural or vaccine induced
- immunisations recommended by the current edition of the Australian immunisation handbook.

These services can be undertaken by the practice or the individual's own GP. In the event of an outbreak of an infectious disease, it is important to consider the wellbeing of practice team members who are not immunised. For example, during a disease outbreak, you could suspend non-immunised team members or provide alternate working arrangements to reduce the likelihood of them contracting the infectious disease. This would also help prevent transmission of the infectious disease to patients who cannot be immunised for medical reasons.

The RACGP recommends regularly updating practice staff immunisation policies to ensure any new team members are aware of vaccination obligations and expectations during the recruitment process.

Visit the Australian immunisation handbook (https://immunisationhandbook.health.gov.au/) to read more on recommended vaccinations for healthcare workers.

### COVID-19

Each state and territory have different policies in place regarding vaccination of healthcare workers, including for GPs. Please check the local requirements in your area.

- Australian Capital Territory (https://www.covid19.act.gov.au/vaccine/information-for-employees-that-require-vaccination)
- Northern Territory (https://coronavirus.nt.gov.au/business-and-work/mandatory-vaccinations#section1)
- New South Wales (https://www.nsw.gov.au/covid-19/vaccination/requirements-for-workers#toc-health-care-workers)
- Queensland (https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/business/vaccination-for-workers#:~:text=Workers%20in%20healthcare,and%20the%20Department%20of%20Health)
- South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/immunisation+for+health+professionals/health+care+worker+immunisation+and+screening+requirements)
- Tasmania (https://www.health.tas.gov.au/health-topics/coronavirus-covid-19/guidance-and-resources/best-practice-guidelines)
- Victoria (https://www.coronavirus.vic.gov.au/worker-vaccination-requirements)

- Western Australia (https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-vaccination-program/Directions-for-healthcare-and-health-support-workers)

If practice team members are affected by these policies and decline to be vaccinated, they are not legally allowed to work at the premises. Each public health policy outlines the process for exemptions.

If your practice wishes to implement vaccination requirements for team members despite being in a jurisdiction where it is not mandated by public health order, you must do so with consideration of the workplace laws outlined by your state or territory and advice from your Medical Defence Organisation. Factors that merit consideration include the risk an unvaccinated staff member poses to the practice, what their role involves, their level of contact with other team members and patients and their access to and willingness to practice infection prevention control and appropriate use of PPE when required.

Avant (https://www.avant.org.au/news/immunisations-for-staff-obligations-and-considerations/) and Safe Work Australia (https://covid19.swa.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/vaccination) provide useful information regarding situations where staff refuse vaccination, however, both webpages reiterate that these situations are often intricate, and that legal advice is always recommended. Practices should seek individual legal advice from their Medical Defence Organisation.

# *Module 2: Preventative measures*

# Preventative measures

## Preventative measures

Developing and implementing systems with clear lines of accountability and responsibility are part of good governance and the delivery of safety and quality care of patients.

Infection prevention and control (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/table-of-contents) measures reduce the risk of infection between persons attending the practice and staff who work there. Measures to help prevent the spread of infection include:

- local infection prevention and control procedures
- Infection prevention and control (IPC) education and training for all practice staff on commencement, when guidelines change and yearly
- standard precautions
- use of PPE
- use of transmission-based precautions
- staff understanding of the role of ventilation in reducing transmission of infectious respiratory infection
- hand hygiene
- provision of sterile instruments
- environmental cleaning
- spills management
- use of perspex screens
- practice team immunisations.

The hierarchy of controls (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/1-principles/risk-assessment-and-planning) model for assessing and managing risk ranks risk management strategies from the most effective and reliable to the least. Risk management plans must use the most effective controls, where possible.

For infection prevention and control advice in the context of COVID-19, visit the RACGP's COVID-19 Infection Control (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control) suite of resources.

# Transmission

## Transmission

The organisms that cause disease can be transmitted in many ways, with some diseases transmitting in multiple ways. The [transmission (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/introduction-transmission-of-infection-in-health-c)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/introduction-transmission-of-infection-in-health-c) types that a practice needs to consider are:

### Standard precautions

Standard precautions must be taken by all staff involved in patient care to achieve a basic level of infection prevention and control. Standard precautions include:

- hand hygiene
- routine use of PPE
- respiratory hygiene and cough etiquette
- safe sharps and clinical waste management
- waste disposal, laundry and cleaning services
- reprocessing of reusable equipment
- environmental cleaning, spills management
- aseptic technique.

### Transmission routes

**Contact transmission:** may occur through direct/ indirect contact with contaminated objects (equipment, shared surfaces) or people (contact with contaminated hands, blood or body substances).

**Droplet transmission:** may occur when large droplets are produced from coughing, sneezing or clinical procedures such as throat examination/ suction or via nebuliser treatment.

**Airborne transmission:** may occur where small particles are released from coughing, sneezing, from clinical care or during procedures such as spirometry and are small enough to be dispersed on air currents to remain suspended in the air for extended periods of time.

Droplet and airborne transmission are not distinctly separate modes; transmission through the air is now understood to apply to a continuum of particle sizes, from large droplets to smaller particles that dry and remain airborne for hours. Transmission via aerosols (suspensions of liquid or solid in air) spans droplet and airborne modes.

Transmission based precautions are applied when patients or practice staff are suspected or known to be infected with a highly transmissible infection.

Transmission based precautions are used in conjunction with standard precautions to further reduce transmission opportunities arising from contact, droplet or airborne transmission.

## Transmission-based precautions

**Contact precautions** are used when there is a risk of direct or indirect transmission by contact route. Based on risk assessment for specific staff roles and transmission route, contact precautions may include:

- hand hygiene
- use of gloves for direct contact with infectious patients, patient equipment and contaminated surfaces
- wearing fluid impermeable gowns if there is anticipated risk of clothing being contaminated via contact with the patient or environment
- correct donning and doffing of PPE to avoid inadvertent contamination.

**Droplet precautions** should be used if there is a risk of infectious disease being transmitted by coughing, sneezing or talking. In addition to the above, droplet precautions include:

- staff vaccination for vaccine-preventable respiratory diseases
- patient use of surgical masks and respiratory etiquette
- use of triage, physical distancing or telehealth to minimise exposure to others
- practice staff use of surgical mask and protective eyewear
- correct donning and doffing of PPE to avoid inadvertent contamination.

**Airborne precautions** are used when there is a risk of infectious disease transmission by aerosol route. In addition to the above, airborne precautions include use of:

- Particulate Filter Respirator (PFR) (e.g., P2/N95 or high efficiency filtration mask use)
- protective eyewear (e.g., goggles/ face shields).

# Identifying risk and applying strategies

## Identifying risk and applying strategies

You can minimise infection transmission by considering the risks and adopting various infection control strategies. These may include:

- performing risk assessments to anticipate and communicate the need for transmission-based precautions
- effective triage and appointment scheduling, including using telehealth consultations to triage patients (please see 'Telehealth' below)
- promoting and facilitating hand hygiene, respiratory hygiene and cough etiquette
- allocating dedicated space and bathroom facilities for persons with suspected or confirmed infection
- using decontaminated equipment for patients
- determining and applying appropriate transmission-based precautions in addition to standard precautions (i.e. type of PPE, including particulate filter respirators, surgical masks, gowns, protective eyewear and gloves) and ensuring that training the correct use of all relevant PPE is carried out
- implementing distancing techniques, such as allocating dedicated spaces for certain patient cohorts and organising patient and staff flow throughout the practice (in line with relevant health authority guidance)
- considering conducting home visits for patients with an infectious illness, to avoid them having contact with other patients within the practice
- aiming for ventilation that delivers 6-8 fresh air changes per hour and using High-Efficiency Particulate Air (HEPA) filters
- using effective cleaning methods and products
- communicating the risk status of potentially infectious patient to others involved in the patient's care so that safeguards can be taken.

### Telehealth

Utilising telehealth consultations where appropriate can be an effective strategy to help keep you, your practice staff and patients safe and comfortable during the winter months. The RACGP has developed the following resources to assist your team in implementing effective telehealth consultations and triage protocols:

- [Guide to providing telephone and video consultations in general practice (https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/guide-to-provide-phone-and-video-consultation)
- [Telephone and video consultations in general practice: Flowcharts (https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/phone-and-video-consultations-in-general-practice)](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/phone-and-video-consultations-in-general-practice)

## Referring patients with respiratory symptoms to GP-led respiratory clinics

Federally funded GP-led respiratory clinics are being phased out, to be replaced with a GP-led Respiratory Clinic Panel. This panel will consist of up to 150 primary care practices. The practices will be activated as needed in response to the emergence of another COVID-19 wave, or other major heath respiratory emergency. Check your [local primary health network (https://www.health.gov.au/resources/apps-and-tools/primary-health-network-phn-locator-map)](https://www.health.gov.au/resources/apps-and-tools/primary-health-network-phn-locator-map) for further information.

# Personal protective equipment

## Personal protective equipment

PPE (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/overview) should be used in accordance with existing guidance for standard and transmission-based precautions, as specified in the Australian guidelines for the prevention and control of infection in healthcare (https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) .

The Department of Health and Aged Care's Personal protective equipment (PPE) for the health workforce during COVID-19 (https://www.health.gov.au/health-alerts/covid-19/coronavirus-covid-19-advice-for-the-health-and-disability-sector/personal-protective-equipment-ppe-for-the-health-workforce-during-covid-19) webpage contains the latest guidance on PPE usage in healthcare settings in the context of COVID-19.

### Face masks

Use of face masks in general practice is no longer nationally mandated. However, the RACGP strongly encourages all practices to continue mask use for the practice team, patients, and visitors especially during the colder months. To help enforce mask use at your practice, you can:

- display RACGP developed posters (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics) at practice entry points to inform patients of mask requirements
- update your practice website, online booking system and phone holding messages to confirm that masks are required on site.

This requirement should also be outlined in your practice's infection prevention and control policy and COVID Safety Plan (a COVID Safety Plan template is available here (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template) ).

Please note that processes must be in place to facilitate access to care for patients who are not able to wear a mask, or who are deaf or hard of hearing and who cannot communicate with clinicians who are wearing a mask. These processes will depend on capacity within the practice and may include:

- use of telehealth (telephone or video)
- temporary removal of mask during face-to-face consultations with those who are hard of hearing (in the absence of respiratory symptoms, with social distancing in place and noting the clinicians own risk factors and comfort)
- use of written notes to communicate.

## Ordering PPE

You must have equipment that enables your practice to provide comprehensive primary care while minimising transmission between staff.

General Practice PPE Order Forms are available via your PHN, who will continue to be your point of contact for submitting orders.

The Department of Health has published [information on the new process (https://www.health.gov.au/resources/publications/coronavirus-covid-19-completing-new-ppe-and-pulse-oximeter-order-form-gp-acchs-and-gprcs)](https://www.health.gov.au/resources/publications/coronavirus-covid-19-completing-new-ppe-and-pulse-oximeter-order-form-gp-acchs-and-gprcs), which also outlines the eligibility criteria for accessing the different PPE bundles. These bundles include the supply of pulse oximeters to practices.  These bundles include the supply of pulse oximeters to practices, including the Sa02 monitor which can be used to guide GPs in their decision making while caring for unwell COVID-19 patients.

# Cleaning protocols

## Cleaning protocols

[Cleaning (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/9-cleaning-laundry-and-waste-management/overview)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/9-cleaning-laundry-and-waste-management/overview) is an important part of both standard and transmission-based precautions to achieve a basic level of infection prevention and control. Specific cleaning requirements will vary for each practice. However, all practices need a cleaning policy/procedure that includes:

- The name of the infection prevention and control coordinator and the staff member responsible for implementing cleaning policies (if different).
- Work health and safety issues (use of standard precautions, use of transmission-based precautions where required, use of personal protective equipment, relevant immunity/ immunisation, eg against hepatitis B virus, procedures for managing exposure to blood or other body substances, safe use of chemicals used, poisons information).
- Scheduled cleaning details procedures: schedule and description (areas, surfaces and items to be cleaned at which intervals and with which products and equipment).
- Safety data sheets for hazardous chemicals used in cleaning (more information available from [Safe Work Australia (https://www.safeworkaustralia.gov.au/safety-topic/hazards/chemicals/safety-data-sheets)](https://www.safeworkaustralia.gov.au/safety-topic/hazards/chemicals/safety-data-sheets) ).
- Unscheduled cleaning procedures: method and products to be used in each likely scenario.
- Monitoring process: when and how the effectiveness of cleaning will be checked.

# Hand hygiene

## Hand hygiene

[Hand hygiene (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/2-hand-hygiene/overview)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/2-hand-hygiene/overview) is the most effective action you can perform to reduce healthcare-associated infections. According to the RACGP Infection prevention and control guidelines: The use of alcohol-based handrub is now recommended for routine hand hygiene for dry, visibly clean hands, except after using the toilet, before handling or eating food/drink, or when norovirus or Clostridioides difficile is present or suspected – antimicrobial soap is recommended in these instances. Soap and water are recommended when hands are visibly soiled. Patients should also be involved in hand hygiene and provided with the opportunity to clean their hands.

Hands must be cleansed (following standardised procedures for hand hygiene) before and after every episode of patient contact and after activities that may cause contamination. These include:

- before and after eating
- before and after routine use of gloves
- after handling any used medical devices (eg instruments or equipment)
- after going to the toilet
- when visibly soiled or perceived to be soiled
- before and after every procedure
- before and after any contact with patients
- before handling or packaging clean equipment. Appropriate gloves (e.g. puncture and chemically resistant, utility or heavy duty gloves) should be worn at all times when handling contaminated medical devices
- before undertaking a RAT.

The [RACGP Infection prevention and control guidelines (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/2-hand-hygiene/overview) table each method for hand hygiene, (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/2-hand-hygiene/role-of-hand-hygiene-in-infection-prevention-and-c)](https://www.racgp.org.au) highlighting when each is needed, the technique used, and duration and drying needed.

## 5 moments for hand hygiene

'5 moments for hand hygiene' is a simple strategy developed by the World Health Organization and adopted by the National Hand Hygiene Initiative to:

- protect patients from transmission of infectious agents from the hands of healthcare workers
- help to protect patients from infectious agents (including their own) entering their bodies during procedures
- protect healthcare workers and the healthcare surroundings from acquiring patients' infectious agents.

**The 5 moments of hand hygiene**

1. Before touching a patient
2. Before a procedure
3. After a procedure or body substance exposure risk
4. After touching a patient
5. After touching a patient's surroundings.

Source: National Hand Hygiene Initiative

Reference: Australian Commission on Safety and Quality in Health Care. National Hand Hygiene Initiative manual (https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/national-hand-hygiene-initiative-manual) .

Sydney, NSW: ACSQHC; 2019

The National Hand Hygiene Initiative (NHHI) has developed a suite of resources and posters (https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/world-hand-hygiene-day) to display in your practice.

# Physical distancing/ Isolation

## Physical distancing/ Isolation

Physical distancing is the physical separation of people to reduce the risk of disease transmission from potentially infectious patients. This means:

- reducing the number of people gathering in a room
- maintaining 1.5 metres between people where possible
- isolating patients presenting with potential respiratory infection in a separate space.

The RACGP Infection prevention and control guidelines has [suggestions (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/12-planning-a-practice-design-fit-out-equipment-an/building-design-and-fit-out)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/12-planning-a-practice-design-fit-out-equipment-an/building-design-and-fit-out) on how to design your practice to ensure appropriate monitoring and isolation of patients, choice of fixtures to ensure a consistently clean clinic and ventilation. Safe Work Australia's Practice physical distancing [video (https://covid19.swa.gov.au/media-centre/physical-distancing)](https://covid19.swa.gov.au/media-centre/physical-distancing) provides further helpful guidance on this topic.

# Respiratory etiquette

## Respiratory etiquette

COVID-19 and the flu virus are spread by droplet and/or airborne route. Practices need to consider how they educate patients about respiratory etiquette. This includes:

- turning away from others when coughing or sneezing
- covering nose and/ or mouth with a tissue or sleeve when coughing or sneezing
- using disposable tissues
- disposing of used tissues in the nearest bin rather than storing in a pocket/ handbag for future use, or postponed disposal
- performing hand hygiene
- encouraging all patients to wear a mask at your practice.

Each state and territory have developed simple cough etiquette posters  you may wish to display in your practice: Australian Capital Territory (https://health.act.gov.au/sites/default/files/2019-03/2.3%20poster%20-%20cough%20sneeze%20etiquette.pdf) Northern Territory (https://health.nt.gov.au/covid-19/managing-covid-19/posters) New South Wales (https://www.health.nsw.gov.au/pandemic/Pages/cough-etiquette.aspx) Queensland (https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/health-advice/support-and-resources/resources) South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/protecting+your+health/preventing+disease+and+infection/wash+wipe+cover/wash+wipe+cover+resources) Tasmania (https://www.health.tas.gov.au/publications/cover-your-cough-and-sneeze-poster) Victoria (https://www.health.vic.gov.au/publications/cover-your-cough-and-sneeze-poster) Western Australia (https://www.healthywa.wa.gov.au/~/media/HWA/Documents/Health-conditions/COVID19/Remote-Aboriginal-communities/Aboriginal-Community-COVID-19-posters---Poster-07-Cover-coughs-and-sneezes.pdf)

# Face masks

## Face masks

Several states and territories have announced that masks will no longer need to be worn in most indoor settings.

However, this update does not apply to healthcare settings. Each state and territory have their own regulations on face masks in healthcare settings (including general practices). You should check local requirements before creating policies on face masks. The [RACGP Infection prevention and control guidelines (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/overview)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/overview) provides guidance on the use of PPE, including face masks.

The RACGP has developed a [suite of posters (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics)](https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics) that you can display at your practice entrance to inform visitors of the entry requirements.

Mask requirements in each state/territory:

- [Australian Capital Territory (https://www.covid19.act.gov.au/stay-safe-and-healthy/face-masks)](https://www.covid19.act.gov.au/stay-safe-and-healthy/face-masks)
- [New South Wales (https://www.nsw.gov.au/covid-19/stay-safe/rules/face-mask-rules)](https://www.nsw.gov.au/covid-19/stay-safe/rules/face-mask-rules)
- [Northern Territory (https://coronavirus.nt.gov.au/stay-safe/slow-spread/current-restrictions)](https://coronavirus.nt.gov.au/stay-safe/slow-spread/current-restrictions)
- [Queensland (https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/public-health-directions/face-masks)](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/public-health-directions/face-masks)
- [South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/staying+covid+safe/face+masks/face+masks#:~:text=If%20you%20must%20leave%20the,disability%20facility%20or%20a%20hospital.)](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/staying+covid+safe/face+masks/face+masks#:~:text=If%20you%20must%20leave%20the,disability%20facility%20or%20a%20hospital.)
- [Tasmania (https://www.coronavirus.tas.gov.au/keeping-yourself-safe/face-masks)](https://www.coronavirus.tas.gov.au/keeping-yourself-safe/face-masks)
- [Victoria (https://www.coronavirus.vic.gov.au/face-masks-when-wear-face-mask)](https://www.coronavirus.vic.gov.au/face-masks-when-wear-face-mask)
- [Western Australia (https://www.wa.gov.au/government/covid-19-coronavirus/covid-19-coronavirus-what-you-can-and-cant-do)](https://www.wa.gov.au/government/covid-19-coronavirus/covid-19-coronavirus-what-you-can-and-cant-do)

# *Module 3: Testing*

# Testing

## Testing

COVID-19, influenza and respiratory syncytial virus (RSV) are all notifiable diseases in Australia. You must understand the reporting requirements of your State/Territory for a positive test:

Australian Capital Territory (https://www.health.act.gov.au/about-our-health-system/population-health/disease-surveillance) New South Wales (https://www.health.nsw.gov.au/Infectious/Pages/notification.aspx) Northern Territory (https://health.nt.gov.au/professionals/centre-for-disease-control/cdc-programs-and-units/notifiable-diseases) Queensland (https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/notifiable-conditions/list) South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/health+notifications/notifiable+disease+reporting/notifiable+disease+reporting) Tasmania (https://www.health.tas.gov.au/health-topics/infectious-diseases/infectious-diseases-and-prevention) Victoria (https://www.health.vic.gov.au/infectious-diseases/notifiable-infectious-diseases-conditions-and-micro-organisms) Western Australia (https://www.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions)

Testing and reporting of positive cases vary for each notifiable disease; for example COVID-19 is usually reported following a positive polymerase chain reaction test (PCR) or rapid antigen test (RAT), while influenza and RSV surveillance data currently only include notifications of laboratory-confirmed cases (via PCR).

This section provides information on the types of tests that can be utilised for COVID-19, or suspected flu or RSV case.

# Rapid Antigen Tests

## Rapid Antigen Tests

Rapid Antigen Tests (RATs) provide a quick and convenient way to test for a COVID-19 infection. Combination RATs that include testing for COVID-19 and influenza A/B are now approved for use in Australia by the Therapeutic Goods Administration (TGA), although their commercial availability may be lower than RATs for COVID-19 only. The tests can be done anywhere and typically involve a swab sample being self-collected from the throat, nose (or both) and from nasal secretions or saliva.

RATs can detect viruses during the acute phase of infection (just prior to symptom development and during symptomatic infection), however, they are not as reliable as a Polymerase Chain Reaction test (PCR).

For further information, the TGA has published Q&As on [COVID-19 (https://www.tga.gov.au/qas-covid-19-rapid-antigen-self-tests)](https://www.tga.gov.au/qas-covid-19-rapid-antigen-self-tests) only and [combination (https://www.tga.gov.au/qas-combination-rapid-antigen-self-tests)](https://www.tga.gov.au/qas-combination-rapid-antigen-self-tests) RATs.

## Use of RATs for patients

**Routine pre-screening for patients for face-to-face consultations**

The [Therapeutic Goods Administration provide the below advice (https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-point-care-covid-19-tests)](https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-point-care-covid-19-tests) for health professionals on screening of patients using RATs:

As a precautionary measure, health practitioners may choose to voluntarily screen patients under their care for COVID-19 but there is no requirement that they must do this. In some cases, this may be more convenient for patients than having to obtain test kits personally.

Any testing of patients would be through an arrangement between the particular healthcare professional and the patient. If healthcare practitioners wish to test patients using point of care tests, they are responsible for sourcing the test kits themselves. They can charge patients a reasonable amount as a privately billed service to recoup costs of testing, but the person being tested should first consent to any additional payments before being tested.

Individual patients who test positive will still be responsible for checking to see if they need to report their results to the relevant state or territory health authorities and to report positive results if required to do so.

Except for pharmacists, healthcare practitioners are not permitted to provide a general testing service for members of the public (i.e. for people who are not their patients who are preparing for or are in the course of a consultation).

If your practice implements routine pre-screening for patients attending the practice for face-to-face consultations, you will need to consider:

- the logistics of having patients attend the practice early to undertake the test and await their result
- what alternative arrangements for consultations can be made if the patient returns a positive result.

## Use of RATs by the practice team

**Routine screening of team members and contractors**

There is no requirement to implement routine screening of practice team members and contractors. Still, practices may choose to implement a rapid antigen testing program to support business continuity and patient and team member safety and for surveillance within the practice.

The introduction of such a program should be documented as part of your COVIDSafe plan and should consider:

- whether self-testing (at home or in the practice) or point-of-care testing (requiring health professional supervision) is appropriate
- the frequency of testing
- the logistics of at work and pre-work screening
- how results are collected and documented

- how you will manage a positive result
- the cost of acquiring RATs.

The Australian government provides guidance for business owners on [using COVID-19 rapid antigen tests in your business (https://business.gov.au/grants-and-support/coronavirus-information-and-support-for-business/using-rapid-antigen-tests-in-your-business)](https://business.gov.au/grants-and-support/coronavirus-information-and-support-for-business/using-rapid-antigen-tests-in-your-business) .

## Sale of RATs

While general practices can charge patients for pre-consultation screening using RATs, the sale of RATs by a practice for patients' home use is not advised.

GPs/practices could potentially be held liable for issues arising (for example, false positives / negatives, too much reliance, malfunctions) under product liability laws, and medical indemnity insurance generally does not provide coverage for product liability issues, as this is a different type of risk. Should your practice wish to pursue this avenue further, the RACGP would recommend seeking specific legal advice from your medical defence organisation.

## Reporting of positive RATs by patients, or the practice

There are currently reporting requirements in place for COVID-19 positive RATs. Patients currently cannot report positive flu cases determined via RAT. Each state and territory have their own reporting system.

If a patient or team member tests positive to COVID-19 as part of a routine pre-screening, the person being tested must report the positive result. If a patient reports a COVID-19 positive RAT to you, you should ensure a notification is made, but the notification can be made by the patient or team member themselves via the local reporting mechanism below. It would be prudent to document this discussion in the patient's clinical notes.

| State / Territory | Reporting process |
| --- | --- |
| Australian Capital Territory | Register online (https://actredcap.act.gov.au/redcap/surveys/?s=ENJETRYNA8CH 6500 |
| New South Wales | Register online (https://www.nsw.gov.au/covid-19/stay-safe/testing/register-positi 1800 490 484 |
| Northern Territory | Register online (https://health.nt.gov.au/covid-19/testing/register-positive-test) or |
| Queensland | Register online (https://www.qld.gov.au/rat-positive/rapid-antigen-test-registration) |
| South Australia | Register online (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+conter s/infectious+diseases/covid-19/testing/rapid+antigen+testing+rat+for+covid-19/ra ovid-19) or by calling 1800 253 787 |
| Tasmania | Register online (https://forms.health.tas.gov.au/220226234803041) or by calling 1 |
| Victoria | Register online (https://dhvicgovau.powerappsportals.com/rapid-antigen-test/) or |
| Western Australia | Register online (https://www.healthywa.wa.gov.au/ratregister) or by calling 13 268 |

The Australian Health Protection Principal Committee (AHPPC) statement on rapid antigen testing of COVID-19 for current high community prevalence environment

The AHPPC released a statement on rapid antigen testing for current high community prevalence environment (https://www.health.gov.au/news/ahppc-statement-on-rapid-antigen-testing-for-current-high-community-prevalence-environment) which proposes that RATs can be used for the following 3 purposes, for which testing recommendations and comments are provided:

1. As a diagnostic test as an alternative to PCR for those at high risk of having COVID-19. In most circumstances in the current high-prevalence environment, a positive RAT should be accepted as a diagnosis of COVID-19.
2. To manage outbreaks.
3. To help early identification of cases in high-risk settings.

# Polymerase Chain Reaction test (PCR)

## Polymerase Chain Reaction test (PCR)

COVID-19, influenza and RSV are notifiable diseases in all states and territories. Pathology providers who process the SARS-CoV-2 nasopharyngeal testing are responsible for notifying the local public health unit (or relevant authority) of a positive result. Links to state and territory information on notifiable diseases can be found on the [testing page (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-3/testing)](https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-3/testing) .

### Reporting mechanisms for positive COVID-19 tests

The methods of notification of a positive COVID-19 result to a patient and their GP vary significantly across states and local services:

| | Information for confirmed cases | Information for contacts |
|---|---|---|
| Australia Capital Territory | [Here (https://www.covid19.act.gov.au/stay-safe-and-healthy/information-for-people-who-test-positive-for-covid-19)](https://www.covid19.act.gov.au/stay-safe-and-healthy/information-for-people-who-test-positive-for-covid-19) | [Here (https://www.covid19.act.gov.au/stay-safe-and-healthy/exposed-to-covid19)](https://www.covid19.act.gov.au/stay-safe-and-healthy/exposed-to-covid19) |
| New South Wales | [Here (https://www.nsw.gov.au/covid-19/management/advice-for-confirmed)](https://www.nsw.gov.au/covid-19/management/advice-for-confirmed) | [Here (https://www.nsw.gov.au/covid-19/management/people-exposed-to-covid#:~:text=What%20are%20my%20legal%20requirements,do%20this%20by%20NSW%20Health.)](https://www.nsw.gov.au/covid-19/management/people-exposed-to-covid#:~:text=What%20are%20my%20legal%20requirements,do%20this%20by%20NSW%20Health.) |
| Northern Territory | [Here (https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/covid-19-positive)](https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/covid-19-positive) | [Here (https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/close-contacts)](https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/close-contacts) |

| | | |
|---|---|---|
| Queensland | Here (https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/stay-informed/i-have-covid) | Here (https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/stay-informed/exposed-to-covid/close-contacts) |
| South Australia | Here (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/cases+and+contacts/what+to+do+if+i+test+positive/what+to+do+if+i+test+positive) | Here (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/cases+and+contacts/close+contact+advice/close+contact+advice) |
| Tasmania | Here (https://www.coronavirus.tas.gov.au/keeping-yourself-safe/information-for-positive-cases) | Here (https://www.coronavirus.tas.gov.au/keeping-yourself-safe/contact-tracing/advice-for-contacts#:~:text=What%20you%20are%20required%20to,symptoms%20develop%20at%20any%20time.) |
| Victoria | Here (https://www.coronavirus.vic.gov.au/checklist-cases) | Here (https://www.coronavirus.vic.gov.au/checklist-contacts) |
| Western Australia | Here (https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Managing-COVID19-at-home-and-in-the-community) | Here (https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-close-contacts#:~:text=You%20are%20a%20close%20contact%20if%20you%20had%20the%20following,you%20were%20not%20wearing%20masks.) |

# COVID-19

## COVID-19

COVID-19 is the disease caused by the coronavirus, SARS-CoV-2. Symptoms of COVID-19 vary from mild to severe, with common symptoms including fever, coughing, sore throat and shortness of breath. People may also experience headache, fatigue, muscle and joint pain, or gastrointestinal distress[1]. The RACGP has developed a [range of resources (https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care)](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care) on COVID-19 which are regularly updated in line with research and public health advice. GPs may also like to regularly review the [National Clinical Evidence Taskforce (https://clinicalevidence.net.au/)](https://clinicalevidence.net.au/), an alliance of peak medical bodies who provide evidence-based treatment guidelines for 'urgent and emerging diseases'[2].

## COVID-19 variants

Variants continue to develop, especially with a lot of community transmission. The World Health Organization (WHO) maintains a [register (https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/)](https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/) of SARS-CoV-2 variants of interest and variants of concern[3].

## Post-COVID-19 conditions

The WHO has developed a clinical case definition of post COVID-19 condition by a Delphi consensus:

> Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.[4]

The RACGP has developed clinical guidelines for GPs [caring for patients with post-COVID-19 conditions (https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/caring-for-patients-with-post-covid-19-conditions/introduction)](https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/caring-for-patients-with-post-covid-19-conditions/introduction), which includes guidance on patient education, specific sequelae of COVID-19, escalation of care, and returning to exercise and activity, among other topics.

> **💡 CPD tip**
>
> The RACGP has a 'How to treat quiz: post-infective fatigue syndrome and long COVID' (https://mycpd.racgp.org.au/activity/465549) (only accessible for RACGP CPD home members).

# References

1. Australian Government Department of Health and Aged Care. COVID-19 disease and symptoms. Canberra, ACT: DHAC, 2022 (https://www.health.gov.au/health-alerts/covid-19/symptoms) [Accessed 26 May 2023].

2. National Clinical Evidence Taskforce. Best Evidence supporting best care. Melbourne, Vic: NCET, 2023 (https://clinicalevidence.net.au/) [Accessed 26 May 2023].

3. World Health Organization. Tracking SARS-CoV-2 variants. Geneva: WHO, 2023 (https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/) [Accessed 26 May 2023].

4. World Health Organization. A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021. Geneva: WHO, 2021 (https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1) [Accessed 26 May 2023].

# Influenza

## Influenza

Influenza illness is caused by the influenza virus. It is a contagious respiratory virus that may infect the nose, throat and sometimes the lungs. It can cause mild to severe illness and can be fatal.  The best way to prevent influenza infection is by getting an annual flu vaccine with the benefit that even if infection does occur, the risk of pneumonia is significantly lower.

The flu can be diagnosed by:

- checking for sign and symptoms and/or;
- asking if the patient has been in contact with someone who has the flu and/or;
- swabbing the patient's nose or throat to test for the virus.

Laboratory confirmed influenza is a notifiable disease (https://www.health.gov.au/diseases/influenza-flu?language=en)  in Australia and must be reported via your state or territory's reporting mechanism.

# Respiratory syncytial virus (RSV)

## Respiratory syncytial virus (RSV)

Respiratory syncytial virus (RSV) is highly contagious and generally infects a person's airways and lungs. It is spread via talking, coughing, sneezing, and through direct contact with infected surfaces. Children under two years of age are most commonly affected, although adults can also contract the virus.  Populations most at risk of severe disease are infants under six months, children with asthma or breathing problems, older people, and people with pre-existing heart, lung or immune system conditions[1].

Symptoms include breathing problems and lung infections such as bronchiolitis and pneumonia. It is diagnosed via PCR or a blood test screening for antibodies[1].

As there is currently no RSV vaccine approved for use in Australia[1], infection prevention and control principles are essential, particularly *hand hygiene (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/2-hand-hygiene/overview)* , *personal protective equipment (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/overview)* , *levels of precaution (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/5-levels-of-precaution/overview)* , *staff screening immunisation and infection management (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/6-staff-screening-immunisation-and-infection-manag/overview)* , *and disease surveillance and outbreak response (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/11-disease-surveillance-and-outbreak-response/overview)* .

Laboratory confirmed RSV is a notifiable disease (https://www.health.gov.au/diseases/respiratory-syncytial-virus-rsv-infection?language=en) in Australia and must be reported via your state or territory's reporting mechanism.

> **CPD tip**
>
> The RACGP has a 1.5-hour virtual learning activity, The cough that sometimes kills: an update on RSV for GPs and paediatricians (https://mycpd.racgp.org.au/activity/403621) (accessible for RACGP CPD home members only).

**Reference:**

1. Health Direct. Respiratory syncytial virus (RSV). Canberra, ACT: Health Direct, 2022 (http://at https://www.healthdirect.gov.au/respiratory-syncytial-virus-rsv) . [Accessed 10 May 2023].

# *Module 4: Managing patients*

# Practice signage

## Practice signage

The RACGP has developed [a number of posters (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics)](https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics) that you may wish to display at your practice entry point during infectious disease outbreaks, asking people not to enter the practice if they have certain symptoms or if they are not wearing a mask.

# Triage

## Triage

Effective [triage (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/11-disease-surveillance-and-outbreak-response/practice-response-to-threats)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/11-disease-surveillance-and-outbreak-response/practice-response-to-threats) can identify the risk of infection before a patient presents at your practice.  Prioritisation of patients: a guide to urgency for non-clinical staff (POPGUNS) is a widely used triage process in general practices. POPGUNS has been adapted by Primary Health Networks into clear fact sheets for staff use and can be located on [PHN websites (https://www.health.gov.au/our-work/phn/your-local-PHN/find-your-local-PHN)](https://www.health.gov.au/our-work/phn/your-local-PHN/find-your-local-PHN) .

# After-hours arrangements

## After-hours arrangements

It is important to inform patients of arrangements in place that enable access to care outside of your normal practice opening hours. You can do this by including after-hours arrangements on your practice website, practice entry signage, and on your out of hours phone messaging service.

# Managing patients who present with respiratory symptoms

### Preparation

Establish a room that allows you to isolate patients presenting with respiratory symptoms if they require a face-to face consultation. You can prepare this room as per the RACGP COVID-19 infection-control principles (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-19-infection-control-principles) .

If this is not possible, arrange a suitable waiting area located near the practice, such as the courtyard or car park. This space should be isolated and located a safe distance from the clinic's main entrance.

> Note: Regularly re-visit your practice layout and patient flow plans. Where possible and appropriate, you can use strategies listed within the RACGP's COVID Safety Plan template (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template) to assist in maintaining a safe and efficient workplace.

### Screening

An initial screening/triaging consultation for all patients is recommended. This can be performed when a patient books an appointment via phone or by including a questionnaire/declaration on your online booking platform. This process (if via phone) can be performed by a non-clinical staff member. However, where there is any uncertainty or concern regarding the health status of a patient during this process, clear protocols must be in place which allow escalation of these cases to clinical team members such as practice nurses.

Patients with respiratory and related viral symptoms should be advised they must not enter the practice until suitable precautions are put in place.

Screening should include:

- the date and nature of the onset symptoms
- the noting of any key symptoms – fever, sore throat, shortness of breath, dry cough, muscle aches and/or tiredness, loss of taste, loss of smell (other symptoms include headache, runny nose, sneezing, diarrhoea and/or nausea)

- whether the person has undergone testing for COVID-19, influenza or another respiratory disease
- whether the person has had any close contact with a confirmed case of COVID-19 or influenza.

If a patient with symptoms arrives at your practice without notice, proceed to 'Triage.'

Note: The Therapeutic Goods Administration have provided advice on screening patients for COVID-19 using rapid antigen tests and combination COVID-19 and flu rapid antigen tests (https://www.tga.gov.au/qas-combination-rapid-antigen-self-tests) . GPs may wish to consider this advice when seeing patients with respiratory symptoms. All health practitioners are expected to facilitate access to care regardless of someone's vaccination status or present respiratory symptoms. Read the Australian Health Practitioner Regulation Agency's information sheet on Facilitating access to care in a COVID-19 environment (https://www.ahpra.gov.au/News/2021-12-21-Facilitating-access-to-care.aspx) for more information.

## Triage

All patients with respiratory symptoms should be tested for COVID-19. If this is your patient's first contact with a healthcare provider in relation to respiratory tract infection symptoms or contact with COVID-19:

1. Ensure they are tested for COVID-19 (RAT [home or point-of-care] or PCR) at the same time as ensuring any urgent clinical needs are addressed.
2. Confirm if the patient has undertaken a RAT or PCR test in the previous 24 hours and the result.
3. Make a clinical assessment as to whether testing is required at this time.
4. Determine if a telehealth or face-to-face consultation is most appropriate.

If the patient attends your practice for a face-to-face consultation, ensure appropriate infection prevention control measures are in place, including adequate ventilation and the appropriate use of PPE for the patient and the general practice team.

Patients with respiratory symptoms should (at a minimum) always wear a surgical mask whilst in the practice and during any face-to-face consultation.

If a RAT result is negative, the patient should be encouraged to repeat a RAT on subsequent days if they remain symptomatic.

Note: If the patient is assessed to have moderate or severe symptoms suggestive of pneumonia, it may be appropriate to refer them to the local GP-led respiratory clinic or hospital for review and testing. Following the closure of federally funded GP led respiratory clinics, some states have set up their own systems within primary health for dealing with respiratory illnesses. Please check your local health department or local HealthPathways for further information (https://www.healthpathwayscommunity.org/) .

## Preparing for assessment and testing

Ensure that your practice's dedicated consultation room is decluttered, isolated (if possible), well ventilated, and has a strip of tape on the floor positioned 1.5 m from the consulting chair and desk to facilitate physical distancing during the consultation.

Before entering the room, perform hand hygiene and don appropriate PPE as determined by risk assessment (https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19) :

**Likely low risk of SARS-CoV-2 transmission** – use PPE in accordance with existing guidance for standard, contact and droplet precautions, as specified in the Australian guidelines (https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) for the prevention and control of infection in healthcare (2021) (https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) . This includes wearing a surgical mask and protective eyewear.

Due to the continued high prevalence of COVID-19 in Australia and surges of other respiratory illnesses with no reliable way to differentiate between viruses based on symptoms alone, appropriate precautions (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/5-levels-of-precaution/transmission-based-precautions) should be applied to all respiratory and gastrointestinal illnesses.

**Likely high risk of SARS-CoV-2 transmission** – use P2/N95 respirators, rather than surgical masks, along with other required PPE as specified in the Australian guidelines for (http://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) the prevention and control of infection in healthcare (2021) (http://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare) .

> Note: In some situations, consultations may take place in outdoor areas such as a practice car park. Maintaining patient privacy remains crucial in all settings. When consulting with patients in public facing spaces (i.e., a car park), please be mindful of surroundings.

## After assessment and testing

Remove PPE, performing hand hygiene between every step of the process and again after all PPE has been removed.

Don fresh, non-contaminated gloves, a surgical mask and eye protection in preparation to clean the room. Wipe down any touched surfaces (e.g. door handles, desktops, stethoscopes and otoscopes) using a cleaning detergent followed by a TGA approved disinfectant, or by using a two-in-one product with cleaning and disinfecting properties.

Further information on [applying, removing and disposing of personal protective equipment (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/applying-removing-and-disposing-of-personal-protec)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/3-personal-protective-equipment/applying-removing-and-disposing-of-personal-protec) *can be found in the RACGP Infection prevention and control guidelines.*

Once all surfaces have dried, the room is safe to be used for the next patient consultation.

> Note: Depending on space available, your practice may ask some patients to wait in their car or a dedicated space within the practice grounds following their appointment for an observation period. In such situations, ensure that there is at least one practice staff member available to observe these patients and organise appropriate assistance where needed. The available staff member can be non-clinical, however, protocols should be in place for where escalation of care is required.

## Billing

Patients who were **initially screened via phone or video consultation and were subsequently required to visit the practice for a face-to-face attendance on the same day** are considered to have taken part in a single, extended consultation for Medicare purposes and should be billed accordingly. The time of each of these consultations should be documented to assist in the assessment of applicable benefits.

However, you can bill multiple attendances for the same patient on the same day if:

- they are separate attendances with a reasonable lapse of time between them AND
- the subsequent attendances are for a new/different clinical scenario.

For patients who were **not initially screened via phone or video consultation**, proceed with standard billing.

# Treatments

## Treatments

## Non-medical treatments

**Non-medical treatments for patients and staff experiencing virus symptoms include:**

- complete rest
- drinking plenty of fluids
- eating healthy foods
- practising good hygiene

Advise patients and staff to avoid the workplace if they have symptoms and remind them of the generic benefits of mask wearing (e.g. reduced transmission of all respiratory viruses).

## Oral antiviral treatments

**Oral antiviral treatments for COVID-19**

Two antiviral medicines, Lagevrio (molnupiravir) and Paxlovid© (nirmatrelvir plus ritonavir), were provisionally approved for use in Australia for the treatment of COVID-19 in January 2022. Both are now available via the Pharmaceutical Benefits Scheme (PBS) as Authority Required (Streamlined) items.

Eligible patients are now able to access these medicines from their local pharmacy, where available, with a prescription from their doctor or nurse practitioner.

To support safe and appropriate prescribing of these medicines, the RACGP has published guidance (ht tps://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/oral-antiviral-treatments-fo r-covid-19-br-prescrib/introduction) on prescribing each of these medications. The *National Clinical Evidence Taskforce* (the Taskforce) has released treatment recommendations for the use of both *Paxlovid* and *Lagevrio*. The Taskforce's *latest recommendation on the use of Lagevrio (https://app.magic app.org/#/guideline/L4Q5An/section/jboz6G)* is 'Do not routinely use molnupiravir for the treatment of COVID-19.'

The Pharmaceutical Benefits Scheme (PBS) has also published guidance on the use of Lagevrio and Paxlovid:

- Factsheet-Molnupiravir-PBS.pdf (https://www.pbs.gov.au/publication/factsheets/covid-19-trea tments/Factsheet-lagevrio-molnupiravir-Feb-2023.pdf)
- Factsheet Paxlovid.pdf (pbs.gov.au) (https://www.pbs.gov.au/publication/factsheets/covid-1 9-treatments/Factsheet-paxlovid-nirmatrelvir-and-ritonavir-21-April-2023.pdf)

**Oral antiviral treatments for Influenza**

Tamiflu© is an oral antiviral used for both post-exposure chemoprophylaxis and to treat Influenza A and B infections.

Tamiflu clinical guidance, including dosage information and therapeutic indications can be found at the [Tamiflu product information page (https://www.guildlink.com.au/gc/ws/ro/pi.cfm?product=roptamif10512#:~:text=Adults%20and%20Adolescents%20The%20recommended%20oral%20dose%20of%20Tamiflu%20for,is%2075%20mg%20once%20daily)](https://www.guildlink.com.au/gc/ws/ro/pi.cfm?product=roptamif10512) .

# *Module 5: Providing care for priority populations*

# Caring for aged patients during winter

## Caring for aged patients during winter

GPs are increasingly consulting an older demographic in their practice, with approximately one in three of their patient encounters being with people aged 65 years and older[1].

The care of older people, whether living in the community or residential aged care facilities (RACFs), is often complex. The challenge is to provide appropriate care of the highest quality to these patients, regardless of where they live. In addition to liaising with the family of older patients, GPs are often required to collaborate with the patient's broader multidisciplinary healthcare team, including RACF staff, carers, nurses, other specialist medical practitioners and allied health professionals, in a way that focuses on the patient's individual needs.

The elderly are particularly vulnerable to the severe outcomes of COVID-19, RSV and the flu, and RACFs are a high-risk transmission setting.

### Treatments for COVID-19

Two antiviral medicines, Lagevrio (molnupiravir) and Paxlovid© (nirmatrelvir plus ritonavir) were provisionally approved for use in Australia for the treatment of COVID-19 in January 2022. [(Jump to sub section: oral antiviral treatments for COVID-19) (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-3-1/treatments)](https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-3-1/treatments) As with all medicines, patients or carers will need to provide [informed consent (https://www.racgp.org.au/FSDEDEV/media/documents/Running a practice/Practice standards/5th edition/RACGP-Information-sheet-Informed-patient-decisions.pdf)](https://www.racgp.org.au/FSDEDEV/media/documents/Running a practice/Practice standards/5th edition/RACGP-Information-sheet-Informed-patient-decisions.pdf) for these medicines to be prescribed.

GPs working with patients in RACFs may find it helpful to pre-emptively discuss these medicines with their patients, even if they do not have COVID-19, to determine eligibility criteria and obtain pre-consent for these medicines to be prescribed in the event they test positive for COVID-19. A subsequent discussion is advised at the point at which the patient requires the medicine to confirm the pre-consent is still applicable.

### Influenza vaccination for RACFs

Aged care providers must comply with the [Aged Care Quality Standards (https://www.agedcarequality.gov.au/providers/standards/standard-3)](https://www.agedcarequality.gov.au/providers/standards/standard-3) and have arrangements in place for the delivery of flu vaccines for residents and staff, including:

- ensuring processes are in place
- engaging with immunisation providers
- discussing the program and arrangements with staff, residents and their families.

Influenza vaccination is a nationwide requirement of anyone entering RACFs and proof of vaccination must be shown prior to entering.

> 💡 **CPD tip**
>
> The RACGP has a two-hour e-learning module on 2023 Influenza preparedness and vaccine options for older adults (https://mycpd.racgp.org.au/activity/477652) *(for RACGP CPD home members only).*

## Tamiflu for RACFs

Tamiflu© is an oral antiviral used for both post-exposure chemoprophylaxis and to treat Influenza A and B infections. Tamiflu's main effectiveness has been shown in preventing influenza in Residential Aged Care residents exposed to influenza.

The Department of Health has further information on Preparing your service for influenza vaccinations and treatments (https://www.health.gov.au/news/announcements/preparing-your-service-for-winter-influenza-vaccinations-and-treatments) .

**Resources:**

> RACGP aged care clinical guide (Silver Book) - Part A: (https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/part-a) Common clinical conditions in aged care RACGP aged care clinical guide (Silver Book) - Part B: (https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/silver-book-part-b) General approaches to aged care

# References

1. Australian Institute of Health and Welfare. Older Australians: Health – service use. Canberra: AIHW, 2021

# Patients with disabilities, including those living in supported accommodation

## Patients with disabilities, including those living in supported accommodation

To comply with the Disability Discrimination Act 1992 (amended 2018), you must ensure that people with a disability or impairment can access the practice and its services in ways that maintain their dignity.

The RACGP and the National Disability Insurance Agency (NDIA) have co-designed new resources to help GPs support their patients to access the National Disability Insurance Scheme (NDIS).

A dedicated [GP and health professionals page (https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals)](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals) is now available on the NDIS website, including responses to GPs' most frequently asked questions, along with links to important information about the scheme and access processes.

The co-designed resources include:

- a [NDIA Access Assessor video (https://www.youtube.com/watch?v=jLrHYVipgyc&feature=emb_logo)](https://www.youtube.com/watch?v=jLrHYVipgyc&feature=emb_logo) , providing eligibility and supporting evidence tips
- a [Providing evidence to support an access request – tips from a GP colleague video (https://player.vimeo.com/video/467533397)](https://player.vimeo.com/video/467533397) which involves two GPs discussing a patient's eligibility for the NDIS, and sharing useful tips for when completing an Access Request Form
- a ['Helping patients navigate access to the NDIS' brochure (https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals#resources-developed-by-gps)](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals#resources-developed-by-gps) which provides information on which other professionals, such as practice nurses, practice managers, or allied health professionals, can assist GPs in completing parts of the NDIS Access Request Form
- a [Six-point eligibility checklist (https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals#resources-developed-by-gps)](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals#resources-developed-by-gps) , giving GPs a quick and easy way to find out if a patient may be eligible for the NDIS.

The [NDIS website (https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals)](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals/practical-resources-gps-and-other-health-professionals) also contains links to several other resources which have all been reviewed and endorsed by RACGP GPs. These include a range of practical guides, such as MBS billing scenarios, resources specific to psychosocial disability, multilingual patient information, quick links to NDIS forms, and a video library providing a range of perspectives on the NDIS.

## COVID-19

The [NDIS website (https://www.ndis.gov.au/coronavirus/latest-advice-ndis)](https://www.ndis.gov.au/coronavirus/latest-advice-ndis) contains the latest information and support on COVID-19 including:

- COVID-19 accessible resources
- Distribution of Rapid Antigen Test (RATs) to Supported Independent Living (SIL) providers
- COVID-19 vaccination
- State and territory COVID-19 resources
- Improving ventilation in indoor spaces
- COVID-19 temporary support measures.

As with all medicines, patients or carers will need to provide informed consent for these medicines to be prescribed/ administered. GPs working with patients with a disability may find it helpful to pre-emptively discuss these medicines with their patients, even if they do not have COVID-19, to determine eligibility criteria and obtain pre-consent for these medicines to be prescribed in the event they test positive for COVID-19. A subsequent discussion is advised at the point at which the patient requires the medicine to confirm the pre-consent is still applicable.

# Immunocompromised patients and those with chronic conditions

## Immunocompromised patients and those with chronic conditions

Patients who are immunocompromised or living with chronic conditions are more vulnerable to illness in winter. The cold weather and circulating viruses, such as COVID-19 and flu, can cause a range of complications. To prepare for winter, we encourage you to consider making a list of high-risk patients.

### Immunocompromised patients

Your practice should consider various arrangements, processes and protocols to ensure the delivery of effective, safe care to your immunocompromised patients.

Common infections for these patients include (but is not limited to) pneumonia, bronchitis, urinary tract infections, influenza and COVID-19. Providing education to your immunocompromised and chronic disease patients and/or their carers on prevention strategies (i.e., vaccination, hand washing, masks etc) can help to protect them from infection. Make sure to ask these patients and/ or their carers to watch out for any body temperature increases (fever) and any signs or symptoms of infection. Your practice may also wish to discuss whether it would be appropriate to facilitate check-in systems with at-risk patients, for example through SMS, email or social media.

### Patients with chronic conditions

Patients living with chronic conditions must also be considered when planning for the winter months. Your practice must prepare high-risk patients for self-management, including:

- reviewing asthmas action plans
- reviewing chronic obstructive pulmonary disease (COPD) action plans
- checking that these patients are up to with their vaccinations, care plans, action plans and advanced care directives
- considering a system for priority access for high-risk patients.

# *Module 6: Staffing*

# Staffing

## Staffing

If your practice is prepared for the winter months, you are more likely to provide effective continuity of care for your patients and continue operating your business as smoothly as possible. This may involve preparing a disaster management plan, COVID Safety plan and thinking about business continuity.

# Surge capacity if staff are unwell

### What is surge capacity?

Surge capacity is the capability of a health care system to manage and respond to the unpredictable and sudden increases in demand for health care services.

Planning for a surge in patient demand will help to ensure that your practice has enough immunised/protected and healthy staff available and resources on hand to care for an increased patient load.

Regular whole-of-practice meetings are encouraged to ensure that all practitioners and their staff have a consistent understanding of the issues surrounding sudden surges in patient demand, and how your practice's surge capacity management plan can help in minimising any stress that these surges may place on the practice team. It is important to do this at the beginning of winter, especially if major changes to operations are planned.

Practices will need to be prepared for the following during the winter months:

- managing staffing, including absences and extended hours
- having sufficient PPE
- hosting more patients in the waiting room, ensuring physical distancing is considered
- managing increases in patients requiring appointments.

# Disaster management plan

## Disaster management plan

General practitioners are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies.

The RACGP has a [suite of resources (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics)](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics) to assist your practice in managing emergencies.

Topics covered include:

- providing care and support during disasters
- Emergency Response Planning Tool
- managing emergencies in general practice
- emergency planning and response factsheets
- managing pandemics.

### Summer planning toolkit

The RACGP's [Summer Planning Toolkit (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/summer-planning-toolkit)](https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/summer-planning-toolkit) also has guidance on preparing for emergencies, caring for vulnerable populations, acute illnesses including viruses (which can be prevalent in all seasons), and providing support to patients and GPs.

# COVID Safety Plan

## COVID Safety Plan

The RACGP has developed this [COVID Safety Plan (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template)](https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template) (known in some states and territories as a COVID Safe Plan) template to help practices comply with requirements for businesses operating during the COVID-19 pandemic. It is best used as a guide and should be adapted to suit your practice procedures and workflows.

# *Module 7: Infection prevention education*

# Infection prevention education

## Infection prevention education

Infection prevention and control measures help to reduce the risk of infection transmitting between persons attending and working in your practice.

Having systems with clear lines of accountability and responsibility is part of good governance and the delivery of safety and quality care of patients. It is important to keep patients and the practice team safe from infection by ensuring they have the opportunity for education and training.

# The practice team

## The practice team

Continued education and competency checking of all members of the practice team is crucial for effective infection prevention and control.

Education enables staff to understand the various infectious agents, their modes of transmission, appropriate work practices for infection prevention and control, and what personal protection is required and when to use it.

It is important that staff have a competency checking program relevant to their duty, along with opportunities to participate in hands on training, especially for correct fitting, safe application and removal of PPE. All staff need to know how to identify, respond to and report risks in the event of an accident or incident.

The RACGP's *Infection prevention and control standards* (IPC Guidelines) contain [guidance (https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/1-principles/education-and-training)](https://www.racgp.org.au/running-a-practice/practice-standards/racgp-infection-prevention-and-control-guidelines/1-principles/education-and-training) on recording the education of practice team members and evaluating their competency.

The RACGP has recently published a [webinar (https://www.racgp.org.au/racgp-digital-events-calendar/online-event-items/on-demand/racgp-and-apna-infection-prevention-and-control-gu)](https://www.racgp.org.au/racgp-digital-events-calendar/online-event-items/on-demand/racgp-and-apna-infection-prevention-and-control-gu) and [FAQ document (https://www1.racgp.org.au/getmedia/7495698f-b807-4dfb-ba90-92fa6f6a2f84/Infection-prevention-and-control-guidelines-FAQ.pdf.aspx)](https://www1.racgp.org.au/getmedia/7495698f-b807-4dfb-ba90-92fa6f6a2f84/Infection-prevention-and-control-guidelines-FAQ.pdf.aspx) related which give an overview of the updated IPC Guidelines and answer many commonly asked questions.

There are many courses available for nurses seeking to improve their skills in infection prevention and control, including postgraduate university courses, courses available at the Australasian College for Infection Prevention and Control, and elearning modules via the Australian Commission on Safety and Quality in Health Care. The [Sterilising Research Advisory Council of Australia (https://www.fsraca.org.au/sterilizing-courses-available-in-australia/)](https://www.fsraca.org.au/sterilizing-courses-available-in-australia/) also has a list of sterilising courses available in Australia.

# Patients

## Patients

Educating patients on the importance of effective infection prevention is crucial in keeping them safe and stopping the spread of infection.

Your practice should have clear messaging available regarding the importance of hand hygiene, respiratory etiquette as well as your practice's process for triage.

# *Mental health and wellbeing resources*

# Mental health and wellbeing resources

## Mental health and wellbeing resources

During events such as the COVID-19 pandemic, additional pressures are placed on GPs and the practice team through increased patient attendance to the practice, responding to fear and anxiety amidst the community and staying up to date as the situation evolves.

It is important during such events that GPs and practice teams take time to:

- care for themselves
- debrief with colleagues
- connect with services when needed.

If you require additional support, services are available for those who work in health settings, some of which are specifically developed for doctors.

### Immediate 24/7 supports

Beyond Blue Support Service - 1300 22 4636 Lifeline Crisis Support - 13 11 14

### The Essential Network (TEN) for frontline workers

This online e-mental health hub (https://www.blackdoginstitute.org.au/ten/) , developed by the Black Dog Institute, connects frontline healthcare workers with services to cope with the stress of the ongoing pandemic. **DRS4DRS**

You can also access support via the DRS4DRS (https://www.drs4drs.com.au/getting-help/) website and state/territory based helplines. DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, by doctors. Confidential phone advice is available 24/7 for any doctor or medical student in Australia via each state/territory helpline and referral service.

**Head to Health**

If you are feeling impacted by the COVID-19 pandemic in any way, Head to Health (https://www.headto health.gov.au/covid-19-support/covid-19-support) provides information, tips and resources to support you and your loved ones' mental health during this time.

## RACGP GP Support Program

Should you need support, don't hesitate to contact the RACGP [GP Support Program (https://www.racg](https://www.racgp.org.au/running-a-practice/practice-management/gp-wellbeing/the-gp-support-program)[p.org.au/running-a-practice/practice-management/gp-wellbeing/the-gp-support-program)](https://www.racgp.org.au/running-a-practice/practice-management/gp-wellbeing/the-gp-support-program) . This is a free and confidential psychological support service available to all members, delivered by LifeWorks Access the service by calling 1300 361 008 (24 hours/7 days).